

Signature of  
Certifying Agent \_\_\_\_\_

County \_\_\_\_\_

Date Prepared \_\_\_\_\_

## STATE HEALTH BENEFITS PROGRAM ROSTER OF EMPLOYEES

1. DO NOT WRITE IN THIS COLUMN.
2. List every employee, every official appointed for a fixed statutory term of office, and every elected official.
3. List every employee's social security number.
4. List every employee's payroll title.
5. List every employee's type of employment - *Sections of a through e*:
  - a. Full time - Indicate by using "X".
  - b. Part time - Show number of hours employed *per week*.
  - c. Appointed employee - Show length of term permitted by statute.
  - d. Elected official - Indicate by using "X".
  - e. Other: Indicate any type of employment not covered in sections a through d. *Example: fee basis, dollar amount per meeting, dollar amount per license, etc.*

[illegible]